

Health Care FSA Worksheet

Estimating your health care expenses

* Enter your health care expenses for the last 12 months.

* Enter your known or expected expenses for the next 12 months.

Eligible Expenses	Expenses Incurred in Previous FY	Expected Expenses in Next FY
Health Care Expenses:		
Deductibles	\$	\$
Coinsurance	\$	\$
Copayments	\$	\$
Amounts above plan limits	\$	\$
Other health care expenses not reimbursed by your medical plan, including over-the-counter drugs and medicines (see Plan for limitations)	\$	\$
Dental Expenses:		
Deductibles, copayments	\$	\$
Coinsurance	\$	\$
Other dental expenses not reimbursed by your dental plan	\$	\$
Vision & Hearing Expenses (above plan maximums):		
Eye exams	\$	\$
Corrective contact lenses	\$	\$
Prescription eyeglasses	\$	\$
Hearing exams	\$	\$
Hearing aids or devices	\$	\$
TOTAL EXPENSES	\$	\$
Note: For monthly amount for 2005 Short Plan Year, divide by 6.		\$

Note: Only expenses incurred during the plan year may be reimbursed. You will need to enroll again for the next plan year starting the next fiscal year.